To be completed by S	State Office - Date	Received:
----------------------	---------------------	-----------

Grant Application Signature Page State of Kansas Department of Health and Environment

Grant Period: July 1, 2015 - June 30, 2016

1000 SW Jackson, Suite 340 Topeka, Kansas 66612-1365

This form, complete with signatures, is required for all grant applications to be considered complete.

Upload to Catalyst as an attachment on the Organization Summary Page.

All applications due March 16, 2015.

Applicant: (Name of Agency)
Street Address/PO Box
City Leavenworth Zip Code 66048
Name of Director
Jamie A. Miller
Primary Contact
Teresa Wilson
Telephone of Primary Contact
913-250-2009

Child Care Licensing Program	58,615.44
Chronic Disease Risk Reduction	
Community-Based Primary Care Clinic Grant	
Disease Intervention	
Family Planning	36,643.56
Healthy Family Services	
HIV Prevention Program – Community	
HIV Prevention Program – Opt Out	
Immunization Action Plan	17,507.00
Maternal & Child Health	72,712.15
Pregnancy Maintenance Initiative (PMI)	21,627.56
PREP	
Public Health Emergency Preparedness	63,237.34
Ryan White	0
State Formula	53,477.99
Teen Pregnancy Targeted Case Management	49,154.65
WIC/ICP Collaborative	
Total Funds Requested:	372,975.69

Signatures:

President/Chairman Local Board of Health or Board of Directors

Date: 3-8-15

Administrator/Director

Date: 3-8-15